

85A

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Article Number: P 679 713 735

Richard W. Erickson  
Service Manager  
Orco Sales  
Eagle Signal Div. Mark IV Co.  
736 Federal Street  
Davenport, Iowa 52803

  
R00307871  
RCRA RECORDS CENTER

Re: 1991 Biennial Report & EPA letter dated January 06, 1992  
Eagle Signal Div. of Mark IV Co.  
Davenport, Iowa  
EPA IAD051001337

Dear Mr. Erickson:

**LETTER OF WARNING/REQUEST FOR INFORMATION**

The regulations promulgated under the Resource Conservation and Recovery Act (RCRA) require generators and treatment, storage and disposal facilities to submit biennial reports by March 1 of each even numbered year to the U. S. Environmental Protection Agency (EPA). The regulations requiring your submissions of the biennial report are found in the Code of Federal Regulations (CFR), specifically Title 40 CFR Sections 262.41, 264.75 and 265.75.

Based upon your facility's previous notification of hazardous waste management activities and subsequent issuance of an EPA identification number, your facility is required to comply with the biennial reporting requirements.

The purpose of this letter is to request information regarding the management of hazardous waste at the subject facility. Section 3007 of RCRA, 42 United States Code (USC) Section 6927, allows the EPA to request certain information for the purposes of determining compliance with the federal hazardous waste regulations, as defined in Section 1004 of RCRA, 42 USC Section 6904, and 40 CFR Part 261.

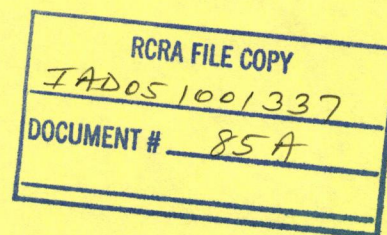
Pursuant to the provisions of Section 3007 of RCRA, we hereby request that you provide a completed copy of the biennial report for 1991. Please note that if your facility did not generate or manage regulated quantities of hazardous waste in 1991, you must still complete and submit to EPA the biennial report form indicating your facility's 1991 status.

BIENRPT DISK/BOWMAN/CONCUR.LET/ja\4-27-92  
IOWA IOWA RCRA  
BOWMAN CALLIER SANDERSON

*Rob*  
*4-29-92*

*JWC*

*JWC*  
*5/5/92*





P 679 713 735



## Certified Mail Receipt

No Insurance Coverage Provided

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(See Reverse)

Orco Sales

Sent to	
Richard W. Erickson	
Street & No.	
736 Federal St.	
P.O., State & ZIP Code	
Davenport, IA 52803	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ U.S.G.P.O. 1990-270-153

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Richard Erickson  
Service Manager  
Orco, Eagle Sig.Div.  
736 Federal Street  
Davenport, IA 52803

4a. Article Number

PC 79 713 735

4b. Service Type

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured                        |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5/2/52

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Jackie Clark

UNITED STATES POSTAL SERVICE



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USE, \$300

Print your name, address and ZIP Code here

U.S. EPA Region VII  
RCRA Branch/IOWA Section  
726 Minnesota Avenue  
Kansas City, KS 66101